STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

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Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER The Groton Independent		2. DATE 9-29-04
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE $ 31.50
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO Box 588, Groton, SD 57445		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) Same		
6. FULL NAME OF PUBLISHER: Stacy L. Swenson		

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Stacy & Steve Swenson	PO Box 72, Andover, SD 57422

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

Paul Kosel

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	850	875
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.	150	190
2. Mail Subscription (Paid and or requested)	500	614
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	650	804
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	25	25
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	20	20
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	695	849
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	15	15
2. Return from News Agents	—	—
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	710	864

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Stacy L. Swenson
(Signature)

Publisher - Editor
(Title)

State of South Dakota)
§
County of Brown)

Sworn to before me this 28 day of Sept, 2004

Notary Public

(Seal)

My commission expires: 10-23-04

Form: SOS REC 051 7/2004